Patient Education in Primary Care

Volume 5 Issue 4 April 2002

contents

Welcome to our resource for patient education and primary care![1]

WHAT IS IT?

This newsletter provides a mechanism to help meet the challenges of incorporating effective patient education into primary care.

WHO IS IT FOR?

VA Primary Care Teams, Patient Health Education Coordinators or Patient Health Education Committee chairs, VISN and VAMC decision makers.

Kiosks Deliver Information for Patients

In several VA medical centers, patients can quickly and easily get the information they seek by using a kiosk. The kiosks look like ATM machines with printers. Users need only touch the screen to navigate through the menu of information choices.

VAMC Dublin, GA

The kiosk at this facility is located in the pharmacy waiting room. Patients who want information about their medications can enter the name of the drug and receive a printout describing the purpose of the medication, directions for taking it, and possible food/drug interactions and side effects to monitor. Patients can also print health-conscious recipes at the kiosk. The software is written at a 5th grade reading level. The equipment and program were commercially produced by Healthtouch, a service of Cardinal Health in Dublin, OH. The vendor periodically updates the software. According to Mary Crabb, Chief, Pharmacy Section, the system is popular with patients, but is frequently down for repair.

VAMC Milwaukee, WI

There has been a kiosk in the pharmacy waiting area at this facility for about ten years. In addition to getting information about medications, users can access information on eight topics including: general health; health for men/women/children; health for seniors; herbs, vitamins, and foods; cough, cold and pain; natural therapy; sports; and health extra. Gary Roesch, Clinical Pharmacy Specialist, reports that pharmacists encourage patients to use the system to supplement the verbal instructions they receive from the pharmacists. "Sometimes the nurses use it for patients who can't see well or who can't use the computer themselves," he adds. The vendor, Health Point Technologies, maintains the equipment and updates the software quarterly.

1. This publication may be duplicated. It will be available soon on the VHA Primary Care website at http://www.va.gov/med/patientcare/primary/index.cfm/

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VAMC Dallas, TX

This facility offers two kiosks at the Dallas medical center and one at the Bonham medical center. Terrance Wickman, Education Systems Specialist, worked with the vendor, Pro Media, for several years to customize the software to meet local needs. Users can access information on the history of the VA and on key staff at the facility, and they can print out a map of the medical center and directions to clinics. Users can also learn about veterans benefits, the VA cemetery system, and Canteen services. Representatives from those programs met in Dallas during the planning stage to integrate the information users would receive through the kiosk.

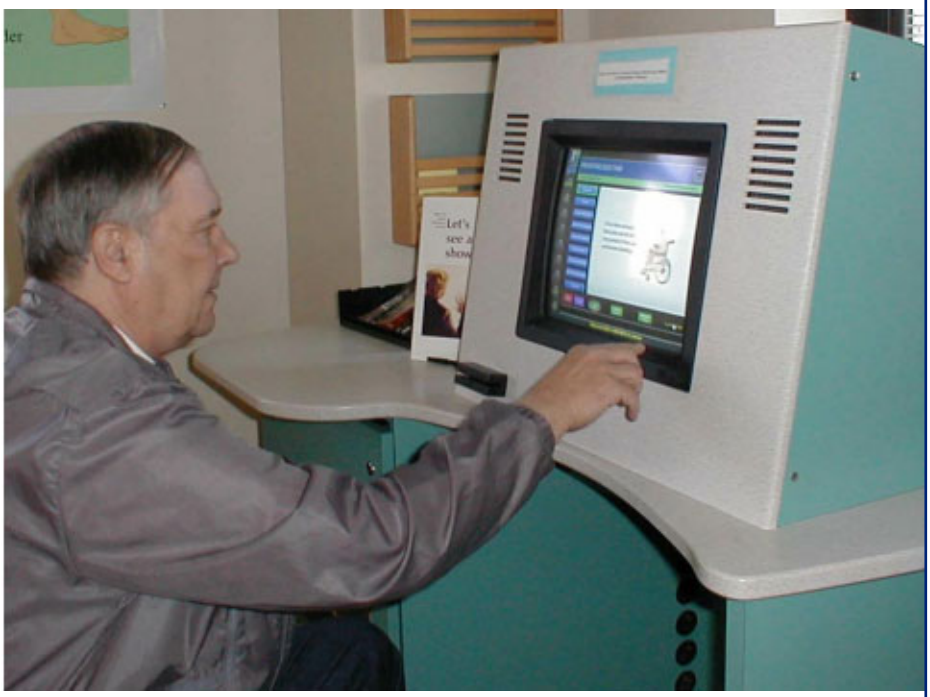
Veterans can also enroll into the VA health care system through the kiosk. Wickman notes that patients soon will be able to order prescription refills through the kiosk. The information system contains the Micromedex database so users can access and print information about a wide variety of health issues. One of the Dallas kiosks is located next to the volunteer information desk so volunteers can assist anyone needing help with the kiosk.

"We wanted to make the system easy for veterans to use, and we wanted it to have the kinds of information veterans would find useful. We even included a back-up power source so the system is never down," said Wickman. "The menu asks users to identify themselves as patient, staff, or visitor, and the units register the date and time of each use, so we can track the data," he added. "In the last year, the units recorded over 48,000 uses of the kiosks in the VA North Texas Health Care System," Wickman said.

VAMC Palo Alto, CA

At Palo Alto, the kiosk was designed and funded as a research project by the California Telemedicine and Telehealth Association in 2000. Dr. Leonard Goldschmidt, Medical Director of Telemedicine and Medical Informatics, directs the study. VAMC Palo Alto partnered with a county health facility where its community-based outreach clinic is located in order to study the effectiveness of kiosks at both sites. Patients stand to use the kiosk at the CBOC/community hospital, but they can sit at the unit at the VAMC (see accompanying photo). Users select a language preference, either English or Spanish, for the kiosk narration. Hardware for the units was developed by Winstanley, while the software integration processes and data management systems were developed by DynaTouch Corporation of Texas.

The menu of information choices includes:



- All About Diabetes, an interactive, multimedia six-module patient education program created by the Patient Education Institute. The system asks questions of the user as the program operates. Users respond by touching the screen or entering information in a pop-up keyboard that appears as needed. Users can control the volume of the program's voice.
- Stop, Look & Listen to Your Health, interactive, multimedia patient education programs on eight topics created by the Patient Education Institute. Topics include: preventing disabilities or early death; preventing heart disease; monitoring cholesterol; preventing back pain; preventing cancer; preventing stroke; high blood pressure; and traveling tips for staying healthy.
- Diseases, Treatments, Medications & Vitamins, which provides access to the Micromedex database and patient education handouts on a wide variety of health problems and drugs.
- Best of the Internet, which immediately links the user to nationally recognized authorized websites where they can search for additional information on an unlimited number of topics including: AIDS, cancer, the Department of Veterans Affairs, general health, mental health, urology & kidney disease, heart disease, lung disease, and nutrition.
- Pharmacy Refills and Patient Services, which allows patients to view immunization videos and to print appointment vouchers to request diabetic eye and foot exams and influenza and pneumonia immunizations. On-line pharmacy refills soon will be available on this menu.
- Patient Feedback Survey, which is an 18-question spoken instrument to assess patient satisfaction with the kiosk and usefulness of the information to the patient.

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"Our goal," says Goldschmidt, "was to create an information system that was user-centered. Patients decide what they want to learn about, and how much information they want to receive." One objective of the research study is to determine whether use of the kiosk influences patients to ask for any of four specific clinical services as described above. In addition, since the software records every touch, study investigators can track usage of the system in great detail.

After six months, tracking data indicate an average of 35 users per day, six days a week. The average user looks at nine screens per use. About 10% of the users access the Internet sites, and about 25% go to the drug information database, but less than one in 100 users print information from the system.

Based on 277 completed surveys,

- 72% of users reported that the instructions were easy to follow
- 87.5% of users found the information helpful
- 79.1% of users said the information was useful to them
- 65% of users said they found the information they needed
- 78.6% of users were likely to use the kiosk again
- 59.4% of users said they would be more likely to follow their health care provider's advice after using the kiosk.

"We're very pleased with these findings," says Goldschmidt. "We think this is a valuable tool for patients, and patients are telling us they think it's a good investment for the organization. Administration has even received unsolicited letters from patients thanking them for the kiosk."

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Best Practice Awards for Physicians

VAMC Tuscaloosa, AL honors its medical staff each year on National Doctors' Day in March and presents recognition awards for best practice. Two awards were established in 2001, and a third was added this year. The awards acknowledge achievement in specific areas of clinical practice.

The **Outstanding Team Leader Award** is based on ten nationally recognized criteria for interpersonal effectiveness as a team player and leader. The allied health members of each primary care team are polled to determine which physician will receive the award.

The **Patients' Choice Award** is given to the physician who scores highest on patient evaluations of primary care visits. At Tuscaloosa, all primary care patients are asked to complete a short evaluation form at the end of each visit. The 11-question instrument uses items from the national VHA patient satisfaction survey that focus on the problem areas where the medical center had low scores. It also asks patients to evaluate whether any pain they experience is being managed effectively. The instrument is provider-specific, and scores are tabulated monthly.

The **Performance Achievement Award** is based on physician scores on monthly provider report cards (see Figure 1). Each primary care physician at the medical center gets a monthly report summarizing his/her clinical performance compared to all other primary care physicians. Data are coded by identifying number rather than by name for the summary report, but individual physicians also receive detailed reports describing their own performance. The report card includes items from the national External Peer Review Performance requirements, results from the local patient satisfaction survey, and some items of local interest or concern. The summary report also compares the monthly provider data to scores from the previous fiscal year for the medical center, the VISN, and the VHA nationally. Linda Fullerton, Performance Improvement Coordinator for Primary Care, noted that data for many of the items on the report card come from clinical reminder reports generated through VISTA in the computerized patient

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Provider Report Card
April FY-2002
VAMC Tuscaloosa, AL

Element	Provider 123	Provider 456	Provider …	Total PCSL	TVAMC FY-2001	VISN FY-2001	National FY-2001
# Outpatient visits prev. month							
Panel size							
Polypharmacy (% pts. with 8+ meds)							
Next available appointment							
% pts. seen within 20 min. of scheduled appointment (Target 82%)							
Customer service (problem scores)							
Access					14	17	12
Patient education					30	33	30
Courtesy					5	10	7
Visit coordination					13	19	16
Diabetes Mellitus							
Annual HgA1c (Target 97%)					95%	91%	93%
Annual foot sensory exam (Target 87%)					80%	73%	78%
% pts. with HgA1C <9 (Target 82%)					80%	72%	76%
% pts. with HgA1C >11or not done (Target 8% or less)					9%	15%	11%
% pts. with B/P ≥169/100 or not done (Target 10% or less)					11%	16%	14%
% pts. with B/P <140/90 (Target 62%)					68%	53%	55%
Hypertension							
% pts. with B/P <140/90 (Target 57%)					69%	51%	52%
% pts. with B/P ≥169/100 or not done (Target 13% or less)					10%	17%	16%
Ischemic Heart Disease % pts. on ASA or alternative (Target 91%)					84%	88%	85%
% pts. on beta-blockers (Target 84%)					69%	73%	74%
% pts. with LDL <120 (Target 70%)							
Hepatitis C							
Hep C screening in clinical reminder (Target 73%)							
If screened positive for Hep C in clinical reminder, tests were done (Target 63%)							
Colon Cancer Screening (Target 71%)					56%	52%	60%

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record system. She also commented that all physicians were involved in formulating the report card and were educated about the report elements before it was instituted.

T. Scott Martin, Assistant to the Chief of Staff, said that they were developing plans to expand the awards beyond primary care. "We're trying to find ways to extend the process to mental health and long-term care providers and to clinical support services so that everyone can participate in the best practice recognition awards."

As Dr. Mark Nissenbaum, Chief of Staff, said, "It's easy to recognize best practice here. We have a fabulous staff. They do the work and we recognize them rather than recognizing them in order to get them to do the work."

For further information contact:

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T. Scott Martin, MSW, Assistant to the Chief of Staff, VAMC Tuscaloosa, AL; (205) 554-2000, ext. 4083

Linda Fullerton, RN, Performance Improvement Coordinator for Primary Care, VAMC Tuscaloosa, AL; (205) 554-2000, ext. 2783.

How to Satisfy VA-EPRP Core Requirements

Consider using clinical reminders to satisfy EPRP requirements. EPRP clinic contacts have been identified to help answer questions.

EPRP Expectation	Example of documentation
Diabetes	
Annual **visual** foot inspection, **pedal pulse inspection** and **sensory** foot exam	'Foot/feet' must be mentioned in the documentation. "Skin exam of feet negative. DP and PT pulses +2 bilat feet. Sensation intact per mono-filament testing bilateral feet"
Annual HgbA1c **HgbA1c** < 9.5	Outside lab accepted, document in progress note "HgbAlc 8.2 at St. Elsewhere 3/01"
Complete lipid profile within 2 years	Outside lab accepted. Must document results, date, location.
Annual retinal exam by eye care specialist	Eye exam must be documented by the presence of a note, report, or letter summarizing the results of the exam. "Dilated eye exam completed by private ophthalmologist month/year"
Blood pressure < 140/90	BP 141/88 or 138/90 does not meet EPRP standard!
COPD	
All veterans screened for tobacco use. Tobacco cessation counseling documented every encounter.	"Veteran was counseled on smoking cessation and offered available classes."
Annual influenza vaccine	"Influenza done today or completed off station month/year."
Pneumococcal vaccine	"Pneumococcal done today or completed off station month/year."
Tobacco Use	
All veterans screened for tobacco use. Tobacco cessation counselling documented every encounter.	"Veteran was counseled on smoking cessation and offered available classes."
HTN	
BP check every visit BP < 140/90	BP 141/88 or 138/90 does not meet EPRP standard!
Ischemic Heart Disease	
LDL < 130	Outside lab accepted. Must document results, date, location.
Use of beta blocker	If patient not on beta blocker, must document reason.
Use of ASA	"Veteran uses ASA OTC." "If patient not on ASA, must document reason."

Patient Education/Primary Care Program Notes

Clinical Reminder Cards

At VAMC Milwaukee, WI an implementation team created to help clinicians meet VHA External Peer Review Program requirements designed laminated cards that could be affixed to each side of a computer screen. According to Kristen Ohlrogge, Primary Care Clinical Pharmacist, the cards are bright yellow and sized 10 ¼" by 4" so they're easy to see and use. The cards have two columns; one listing the EPRP requirements, and one providing examples of documentation in clinical reminders to meet the EPRP expectations.

The team also trained clinicians in the EPRP requirements and how to satisfy them prior to placing the cards on all computer screens in primary care. The team also developed a tutorial for clinicians on this topic that is available on the facility's primary care home page. Clinicians receive continuing education credit for using the tutorial.

For further information contact:

Kristen Ohlrogge, Pharm D, Primary Care Clinical Pharmacist, VAMC Milwaukee, WI; (414) 384-2000 ext. 42083.

How to Satisfy VA-EPRP Core Requirements

EPRP Expectation	Example of documentation
Major Depressive Disorder	
Annual screening by approved standardized instrument (on health screen). Positive screen requires mental health consult or further assessment by PCP.	Screening Questions: "Are you currently receiving treatment or counseling for depression?" "Have you or are you having thoughts or plans to **HARM** yourself or others?" "Would you like to talk to a counselor about these issues?"
Immunizations	
Annual influenza vaccine in patients age >=65 yrs or high risk category.	"Influenza done today or completed off station **month/year**."
Pneumococcal vaccine in patients age >= 65 yrs or high risk category.	"Pneumococcal done today or completed off station **month/year**."
Hyperlipidemia Screening	
Complete lipid panel within 2 years for all veterans with ASCVD, Angina, Stroke, Intermittent claudication.	Outside lab accepted, document in progress note. "LDL182, TG150, HDL21, total cholesterol 260 at St. Elsewhere 3/01."
Alcohol Use	
Screen all patients by standard test (CAGE/Health Screen). If CAGE score 2 , refer to substance abuse specialist.	CAGE Questions: Thought you should **Cut down?** Felt **Annoyed** by others criticism of your drinking? Felt **Guilty** about your drinking? Used alcohol as an **Eye opener?**
Colorectal Cancer Screen	
Veterans age 50 or greater screened by colonoscopy within 10 yrs, sigmoidoscopy within 5 yrs, or fecal occult blood testing within the past year.	If done off station, identify procedure, month/year and results. "Colonoscopy done off station 5/00, normal per patient."
Cancer Education	
Males age 50-69 screened annually. Documentation must include discussion of risks/benefits.	"Veteran was educated on the risks/benefits of prostate cancer screening and was given the opportunity to ask questions."
Breast Cancer Screen/Cervical Cancer Screen	
Mammogram biannually for females age 52-69. Pap test every 3 years females age < 65 years and not high risk.	If done off station, identify procedure, month/year, results if available. "Pap smear/mammogram completed off station 5/01, normal per patient."
Hepatitis C Antibody Screening	
All veterans evaluated for risk factors within 2 years. ⊕RF → test for HCV Antibody. ⊕HCV Antibody → confirm with RIBA or HCV RNA testing.	"Veteran screened, has ⊕risk factors for HCV."

How do we know patient education works?

Improving Communication of Older Patients During Primary Care Visits

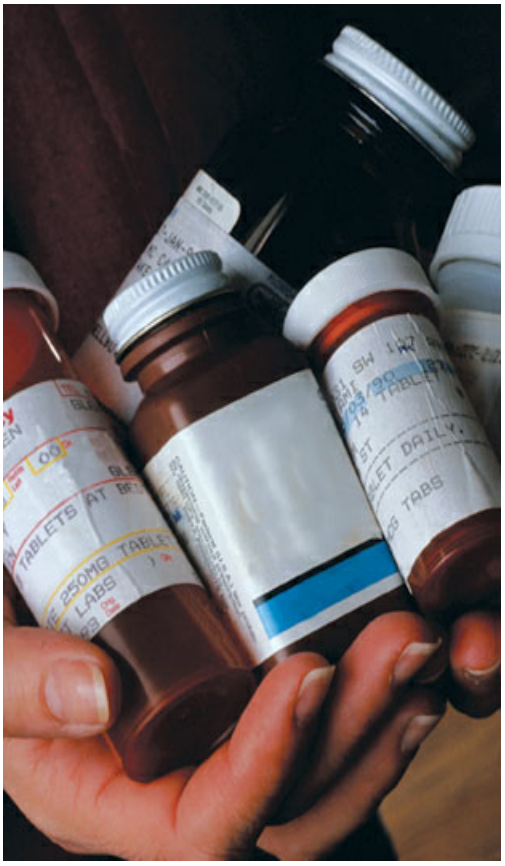
This quasi-experimental design study was conducted to test the impact of a communication skills booklet on patient communication during a primary care visit. Subjects included thirty-three patients, average age 72, and nine family practice physicians in a family practice center at a university-based clinic.

Study patients received the booklet approximately three days before the scheduled appointment. They also received a 30-minute educational session before seeing the physician. Three patient behaviors—seeking information, providing information, and verifying information—were coded from transcripts of the visits.

Trained patients engaged in significantly more seeking and providing of information than untrained patients. Trained patients also obtained significantly more information from physicians, in terms of total information and information per question asked.

The authors conclude that this intervention was an effective means of increasing patient participation in the primary care visit without increasing the overall length of the visit.

Cegala DJ, Post DM, McClure L. (2001) The effects of patient communication skills training on the discourse of older patients during a primary care interview. Journal of the American Geriatrics Society 49(11):1505-11.



Reducing Antibiotic Use for Acute Bronchitis

The purpose of this randomized controlled trial was to assess whether sharing information with patients about the uncertainty of the value of antibiotics for acute bronchitis would affect the likelihood of patients taking antibiotics.

The research setting was three suburban general practices in Nottingham, England. Participants included 259 previously well adults presenting with acute bronchitis. Group A patients (n=212) were judged by their physicians not to need antibiotics that day, but they were given standard verbal reassurance and a prescription to use if they got worse. Half the patients in this group were given an information leaflet. All the patients in Group B (n=47) were judged by their physicians to need antibiotics, were given prescriptions, and were encouraged to use them.

Outcome measures included antibiotic use in the next two weeks and re-consultation for the same symptoms in the next month. In Group A, significantly fewer patients who received the information leaflet took antibiotics compared with patients in that group who did not receive the leaflet. In Group B, 44 patients took the antibiotics. Numbers of patients re-consulting were similar for both groups.

The authors conclude that reassuring patients and sharing the uncertainty about prescribing antibiotics for acute bronchitis is a safe strategy and reduces antibiotic use. The authors recommend the use of an information leaflet supported by verbal advice.

Macfarlane J, Holmes W, Gard P, Thornhill D, Macfarlane R, Hubbard R. (2002) Reducing antibiotic use for acute bronchitis in primary care: blinded, randomised, controlled trial of patient information leaflet. British Medical Journal 324(7329):91-4.

Computer-based Assessment Detects Regimen Misunderstandings and Non-adherence

This study tested the acceptability and effectiveness of a computer-assisted, self-administered interview as a tool to assess patient understanding of and adherence to a medical regimen. Investigators hypothesized that the tool might improve the disclosure of misunderstanding and non-adherence by providing a neutral and seemingly private interview. The study was conducted at San Francisco General Hospital. Participants included one hundred ten patients receiving highly active antiretroviral therapy and eleven clinicians treating these patients.

Patients completed the computer program, and clinicians completed a questionnaire describing their patients' regimens and estimating adherence. The computer program produced a report for the clinician summarizing the patient's understanding of and adherence to the medication regimen. Patients also completed a written exit survey and clinicians completed an exit interview to assess the acceptability of the computer-based interview.

Fifty-four percent of patients made at least one error in reporting their medication regimen. Clinicians tended to overestimate patient adherence; they correctly classified only 24% of non-adherent patients at the 80% adherence level. Both patients and clinicians found the computerized tool to be feasible and acceptable.

The authors conclude that clinical tools that can accurately and efficiently detect important medication errors and non-adherence, and alert clinicians to these problems, will help improve the health of patients.

Bangsberg DR, Bronstone A, Hofmann R. (2002) A computer-based assessment detects regimen misunderstandings and nonadherence for patients on HIV antiretroviral therapy. AIDS Care (1):3-15.

Performance Improvement Training

Every quarter, Patient Education in Primary Care will offer the opportunity to earn one hour of performance improvement training credit for a patient education topic of importance to primary care clinicians. To earn this credit, choose one of the following two options:

Read the entire January 2002 newsletter and provide brief answers to the questions below. Turn these in to your supervisor along with a copy of the newsletter

OR

Organize a one-hour brown bag journal club or set aside time during a staff or team meeting to read the newsletter and discuss the questions below. Turn in a master list of participants along with a copy of the newsletter.

Questions:

1. If your facility has kiosks for patient information: What is the scope of content available to patients through the kiosks? What impact have the kiosks had in your facility? What suggestions would you make to enhance them?
2. If your facility does not have kiosks for patient information: What factors would affect the installation of kiosks in your facility? What suggestions would you make to address these factors?
3. In what ways does your facility assess individual provider clinical performance and patient satisfaction? What suggestions would you make to enhance provider profiling at your facility?

DO YOU HAVE ANY SUCCESSFUL PATIENT EDUCATION STRATEGIES THAT YOU WOULD LIKE TO SHARE WITH US?

Contact any of the following with your input:

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Coming in JULY:

Innovative uses of group clinics for primary care and patient education

PATIENT HEALTH EDUCATION IN PRIMARY CARE TASK FORCE:

This newsletter is transmitted electronically to VHA staff. To add colleagues to the distribution list, contact your local patient education coordinator or committee chairperson.

Office of Primary and Ambulatory Care